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Facsimile Transmittal**RECEIVED****DATE:** June 2, 2004

JUN 04 2004

TO: USPTO**OFFICE OF PETITIONS****ATTN:** EXAMINER C. Shah**RE:** Serial No. 09/852,436**FAX :** (703) 872-9306**FROM:** George C. Pappas**Number of Pages Sent: 9 (including this transmittal cover sheet)**

ATTACHED HERETO IS AN AMENDMENT TRANSMITTAL FORM IN (1) PAGE; AND AN AMENDMENT IN (5) PAGES, PETITION FOR REVIVAL IN (2) PAGES. PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

6/2/04

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(Signature)

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 010198
In Re Application of: Avneesh Agrawal, et al.
Serial Number: 09/852,436
Filed: 5/9/01
Examiner: C. Shah
Group Art Unit: 2664

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

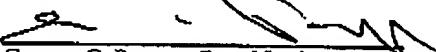
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	29	29	0	x \$18 =	\$0
Independent**	12	12	0	x \$86 =	\$0
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$290	\$
EXTENSION FEES		<input type="checkbox"/> One Month		\$110	\$
		<input type="checkbox"/> Two Months		\$420	\$
		<input checked="" type="checkbox"/> Three Months		\$950	\$950
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$950

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$950. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 6/2/04

Signature: 

George C. Pappas, Reg. No. 35,065
(858) 651-1306

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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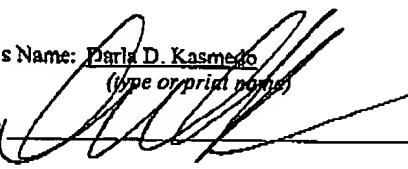
Depositor's Name: Parla D. Kasmedo
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Date: 6/2/04

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